Medical education

Scripted role play: A technique for teaching sexual history taking

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Many inexperienced physicians are uncertain as to how to go about gathering a sexual history. They have had courses in basic history taking, but they do not know how to go about obtaining the information in a nonthreatening way. Their opportunities for interaction with real patients have typically been limited. Scripted role play is a very effective method for providing residents with an opportunity to enhance their sexual-history-taking skills. This article describes scripted role play as a teaching method; explains why it is effective for teaching sexual history taking; presents general guidelines for script writing for this purpose; details how to organize a teaching session; and provides some tips for the session facilitator.

(Key words: Role play, history taking, sexual history, interviewing, counseling, medical education)

Some clinical skills like sexual history taking are difficult to teach outside the actual physician-patient encounter. Inexperienced physicians may do an incomplete job of history gathering in this arena because of insecurity with their history-taking technique. They may also experience anxiety with regard to this aspect of the patient interview.

Scripted role play is a technique that can be used to teach a wide variety of clinical skills, including sexual history taking. This teaching method combines group discussion, role modeling, and guided practice opportunities in an interactive fashion. It is especially effective for teaching history taking and counseling skills.

Scripted role play as a teaching method

Traditional didactic teaching methods are not highly effective in teaching counseling skills. Techniques like role play are significantly more effective for adult learners because they are interactive, but can be unwieldy when many trainees are involved in the educational session. Role play is also difficult to use in the typical 1-hour conference time frame. It is difficult to guide inexperienced trainees through a whole interchange and have it come close to replicating a real patient encounter. Pauses for prompting and discussion are usually frequent.

We have had success in retaining the interactive nature of role play, avoiding the problems associated with this teaching method by using prepared scripts. This technique is called scripted role play.

Teaching sexual history taking

There exist a number of teaching methods that can be used to teach history-taking skills. Role play with group discussion is one common teaching technique. It is easy to adapt when learners of varying experience are present in one group, but it has the aforementioned drawbacks. And trainees may feel anxious discussing issues related to sexuality in didactic sessions devoted to this aspect of history taking.

Scripted role play allows the resident to practice interviewing and counseling skills in a protected setting. By reading a script, the residents do not have to invent the dialog for the physician or patient role, and they do not need to reveal their personal experience or inexperience in a public manner.

We specifically use scripts instead of “off the cuff” role play to incorporate demonstration of effective interviewing techniques, while allowing residents the opportunity to practice using them. We find that using this guided structure decreases trainee discomfort with the subject matter and increases group interaction. It also makes the session easier for the facilitator to guide and anticipate logical opportunities for making specific teaching points.

Guidelines for script writing

Different scripts can be used to illustrate how to modify history-taking style based on the patient’s reason for visiting the physician. In some scripts, the patient’s chief complaint should lead logically into the sexual history. In others, the patient may be visiting the physician for a general health appraisal, or may be admitted to the hospital for an acute illness or injury. We cover situations in which the physician and the patient are meeting for the first time and encounters in which the physician and patient have an ongoing relationship. The scripts should vary the sex and sexual orientation of the patient.

Organization of the session

The facilitator should begin the session reviewing learning goals and objectives, then proceed with the first script. In a 1-hour session, typically three or four scripts can be covered with discussion between them. For the first few scripts, a resident should be asked to take the “physician” role and the faculty facili-
Didactic points for the facilitator
The facilitator should be prepared with discussion triggers for each vignette. Additionally, the facilitator should be prepared to weave discussion regarding several didactic points into the exchange. We typically cover aspects such as choice of terminology, the timing of questions related to sexual history in the interview as a whole, and some discussion of attitudes regarding sexual expression.

We have found it helpful to use two cofacilitators for these sessions. One facilitator focuses on the scripts and their discussion, and the second oversees the inclusion of didactic material as a logical departure from opportunities presented by group discussion.

Comment
We have had great success using scripted role play to enhance the teaching of sexual history taking. This teaching method can be used to teach a variety of topics, and the basic format described here can be modified in many ways to suit different situations. It is an interactive method for stimulating group discussion on topics about which residents might otherwise be reticent to participate.

References


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